

APPLICATION DATA SHEET

Application Information

Application number::
Filing Date::
Application type::
Subject Matter::
Title::

Attorney Docket Number:: Request for Early Publication?:: Request for Non-Publication?:: Suggested Drawing Figure:: Total Drawing Sheets:: Small Entity?:: Petition included?:: Petition Type::

Divison
Utility
Compositions and Methods of Using
Compositions with Accelerated
Lymphocyte Homing Immunosuppressive
Properties
029375.43449D4
No
No
1
12
No
No

Applicant Information

Applicant Authority Type:: Primary Citizenship:: Country:: Status:: Given Name:: Family Name:: City of Residence:: State or Province Of Residence:: Country of Residence:: Street of mailing address::

Inventor
Japanese
Japan
Full Capacity
Kenji
Chiba

Japan
c/o Mitsubishi Pharma Corporation
6-9, Hiranomachi 2-chome

City of mailing address:: State or Province of Mailing address:: Country of mailing address:: Postal or Zip Code

Chuo-ku, Osaka-shi
Osaka
Japan

of mailing address::

V

Applicant Authority Type::	Inventor
Primary Citizenship::	Japanese
Country::	Japan
Status::	Full Capacity
Given Name::	Kunitomo
Family Name::	Adachi
City of Residence::	
State or Province Of Residence::	
Country of Residence::	Japan
Street of mailing address::	c/o Mitsubishi Pharma Corporation 6-9, Hiranomachi 2-chome
City of mailing address::	Chuo-ku, Osaka-shi
State or Province of Mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	

Correspondence Information

**Correspondence Customer
Number::** **23911**

Representative Information

Representative customer number:: **23911**

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This is a	Division of	09/334,213	June 15, 1999
Which is	Division of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
JP	9-237273	September 2, 1997	Yes

Assignee Information

Assignee Name:: Mitsubishi Pharma Corporation
Street of mailing address:: 6-9, Hiranomachi 2-chome
City of mailing address:: Chuo-ku, Osaka-shi
**State or Province of
Mailing address::** Osaka
**Country of mailing
address::** Japan
**Postal or Zip Code
of mailing address::**